

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Aug</i>		<i>6/10/00</i>
O.I.P.E. CLASSIFIER			<i>10/17-5-00</i>
FORMALITY REVIEW			<i>OK/NR</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	<i>7/1/01</i>
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7	<i>O</i>
8	<i>O</i>
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19	<i>O</i>
20	<i>O</i>
21	✓
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33	✓
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42	<i>O</i>
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50	✓

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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